

Fowler Chamber of Commerce Membership Form

Business Name: _____
(or Name if Individual Membership)

Contact Person: _____

Address: _____ Phone: _____

Email: _____

Web page: _____

Type of Membership

_____ Associate Member - \$40

_____ Full Member - \$75

Please enclose payment made to:

Fowler Chamber of Commerce

P. O. Box 293

Fowler, IN 47944